

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application No.	10/596,309
	Filing Date	February 22, 2007
	First Named Inventor	Barry Geer
	Group Art Unit	2612
	Examiner Name	Sisay Yacob
	Attorney Docket No.	050588/312849
	Confirmation. No.	5197

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above-identified patent application, and

- ☒ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☐ the practitioners of record associated with Customer Number 00826.

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)                       | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv)        |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(b)(2)                       | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(b)(6) Please explain below: |   |

### Certifications

***Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.***

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

**Complete the following section only when the correspondence address will change.** *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

*OR*

B. <input checked="" type="checkbox"/> Inventor or Assignee name	<b>Khutso Security Services (PTY) Limited</b>		
Address	<b>10 Boca Walk, John Vorster Drive, Centurion Residential Golf Estate</b>		
City <b>Centurion</b>	State	Zip <b>0046</b>	Country <b>South Africa</b>
Telephone	Email		

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Respectfully submitted,



Timothy J. Balts  
Registration No. 51,429

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